

Kentucky Department for Libraries and Archives
Meeting Room Reservation Request

This form must be received at least 10 working days prior to the meeting. Please complete this form and fax to the KDLA Meeting Room Scheduler at (502) 564-5773.

Today's Date: _____		
Requestor's Name: _____		
Title: _____		
Address: _____ _____		
Phone: _____		
E-mail Address: _____		
Fax: _____		
<u>RESERVATION REQUEST INFORMATION</u>		
Date of Meeting: _____		
Time Frame: _____	Start Time _____	End Time _____
Room Set-Up: _____	Date _____	Time _____
Name of Group: _____		
Group Size: _____	No. of Attendees _____	
Purpose of Meeting: _____ _____		
Will you need a coffee pot? _____ Yes _____ No _____		
Will you be using a caterer or bringing in food items? _____ Yes _____ No _____		
Specify: _____ _____		
<p>If a meeting is canceled, please notify the KDLA Meeting Room Scheduler at (502) 564-8300 as soon as possible so that others may have access to the meeting room. A 48-hour notice is preferred for any cancellation/change of meeting arrangements. I acknowledge that: (1) The meeting coordinator is responsible for any damages to the meeting facilities, and will report any damage to KDLA immediately; and (2) The meeting coordinator is responsible for clean-up following the event.</p>		
Meeting Coordinator		Date
KDLA Meeting Room Scheduler		Date